



## Maryland Department of Health

### Provider Guidance for Avoiding Waste of COVID-19 Vaccine Doses

Issued: April 1, 2021

#### 1. General Considerations Relating to COVID-19 Vaccine Wastage

At-risk vaccines are doses of COVID-19 vaccine that are at risk of being wasted due to expiration or spoilage.

- a. Potential **sources of vaccine waste** may include:
  - i. Spoiled, damaged, or contaminated product (ex., product expired, damaged vials, improper cold chain during shipping, etc.);
  - ii. Equipment or power failure (ex., refrigerator/freezer problems, backup generator fails, etc.);
  - iii. Improper vaccine storage (ex., product not put in refrigerator, improper refrigerator/freezer temperature, etc.);
  - iv. Gaps in vaccine administration (ex. doses left over when a clinic is closing, individuals not showing up for second appointments, individuals refusing the vaccine, etc.); and
  - v. Difficulties extracting 6th Pfizer or 10th Moderna vaccine doses from vial.
- b. Pursuant to the Maryland Department of Health (MDH)'s [Vaccination Matters Order](#), reasonable efforts should be made to **reallocate at-risk vaccines** in accordance with the State's prioritization requirements. MDH may reduce the COVID-19 vaccine allocation to a provider or facility that commits or allows wastage of COVID-19 vaccines.
- c. Providers should plan for backup recipients in advance of scheduled clinics to avoid vaccine wastage (see Section 2 below).
  - i. If this is not feasible, at-risk vaccines shall be administered to any unvaccinated person eligible based on Maryland's guidance on the most recent "Residency and Priority Group Determinations" section in MDH's weekly COVID-19 Vaccine Bulletin found on: <https://coronavirus.maryland.gov/pages/provider-resources>.
    - Providers should reference guidance in the most recent MDH COVID-19 Vaccine Bulletin when prioritizing unvaccinated individuals to receive at-risk doses.
    - Vaccine administration to these individuals must be reported in ImmuNet, including required data elements, within 24 hours.
    - Plan to include these vaccinated individuals in follow-up plans for administering second doses.



## 2. Re-Allocating Vaccine to Other Providers

- a. A provider who has been allocated doses from Maryland **may transfer doses** to another registered COVID-19 vaccine provider. The receiving vaccine provider must be registered as a COVID-19 vaccine provider in ImmuNet and have completed the [CDC redistribution agreement](#).
- b. Providers must keep records of what doses have been transferred and must complete the transfer form at <https://app.smartsheet.com/b/form/52e75f3d4514499cb0fd7110bd4000a7>. The request should include the number of doses to transfer, whether they are first or second doses, and the name/contact information of the receiving vaccine provider.
- c. MDH will give the exact same second dose amount to the original provider, and they must ensure that the doses are also transferred to the receiving party and the receiving party is responsible for reporting those doses administered.

## 3. Strategies to Avoid Vaccine Wastage at Every Step

- a. Vaccine Delivery
  - i. Schedule appropriately trained staff to be present when vaccine delivery is anticipated.
  - ii. Immediately **examine shipments** for signs of damage, contamination or excursions in temperature monitoring during shipping.  
**NOTE:** If damage is detected, vaccine providers should contact the vaccine manufacturer or McKesson. Contact information should be on the packaging.
  - iii. Develop detailed instructions for receiving and storing vaccine shipments (this can be a **checklist**).
  - iv. Store all new vaccine deliveries into designated vaccine freezers or refrigerators as soon as received.
- b. Vaccine Storage
  - i. Prevent equipment or power failures
    - Have a **back-up generator** for your vaccine storage units to come on during power outages (follow manufacturer guidance).
    - Develop and follow emergency vaccine management plans for a power outage if generators are not available.
    - In the event of a generator failure, implement emergency vaccine management plans. Consider what is needed to maintain required product storage temperatures.
    - Install and/or test storage unit **temperature alarms** on a regular basis.
  - ii. Develop and follow daily/weekly **inventory checks** to ensure any errors in inventory are found.
  - iii. Develop twice daily temperature monitoring checks and document them on a temperature log.



- iv. An automatic temperature monitoring system with temperature recording and staff notifications when temperatures are out of range is recommended. Ensure that the staff contact information is kept up to date.
- c. Vaccine Administration
  - i. Consider staffing and other logistics capacity to administer the vaccine within the **timeframe** of the products' storage and shelf life.
  - ii. Prior to the start of each clinic, providers should verify and compare the number of individuals scheduled to be vaccinated with the number of available vaccine doses.
  - iii. Establish **arrangements in advance** with other clinics/jurisdictions that can receive extra or at-risk doses of vaccine.
  - iv. Create and implement a **waiting or "stand-by" list** of eligible individuals who can be contacted when at-risk vaccine is available.
  - v. Schedule appointments for second doses at the time of the first dose administration.
  - vi. If individuals do not attend their second dose appointments and vaccine doses would otherwise be wasted, providers may use only those second doses and first doses.

#### 4. Reporting Vaccine Wastage

- a. Vaccine providers must report unused, spoiled, expired, or wasted vaccine doses to MDH at <https://www.marylandvfc.org/covid-19-vaccine-excursion-expiration-reporting-form/>.
- b. Providers should report all COVID-19 vaccine wastage and vaccine storage unit temperature excursions to:  
<https://www.marylandvfc.org/covid-19-vaccine-excursion-expiration-reporting-form/>
  - i. For providers that have received Pfizer: If a provider is unable to access a sixth dose, the sixth dose must be reported as wastage as "other".

#### 5. Disposing of COVID Vaccine Doses

- a. No doses of COVID vaccine should be wasted. However, under certain circumstances when wastage is unavoidable (i.e. equipment failure, accidents, expiration, etc.), providers should follow the following steps to ensure unusable products are properly handled and disposed of:
  - i. Immediately remove expired vaccine products from storage units to avoid inadvertent administration
  - ii. Check manufacturer guidance for handling vaccine products exposed to inappropriate temperatures; remove products determined to be spoiled immediately from storage
  - iii. Open or broken vials and pre-drawn vaccines cannot be returned and should be discarded
  - iv. Dispose of vaccine waste in accordance with local regulations and procedures for regulated infectious waste materials.



- b. For additional information, visit the [Maryland Department of the Environment](#) webpage on hazardous waste.

**6. Local Health Department Vaccine Anti-Wastage Plan**

- a. Pursuant to MDH notice - bulletin issued 1.28.21 - Each local health department shall develop and enforce an “anti-wastage plan” for minimizing wastage of at-risk vaccines for all providers and facilities located in their jurisdiction.
- b. When developing their anti-wastage plan, local health departments should consider outlining:
  - i. Steps, resources, and partners involved in transferring or re-allocating at-risk vaccine doses to other vaccine providers;
  - ii. Actions local health departments are taking or will take to avoid common sources of vaccine wastage;
  - iii. Monitoring and reporting procedures when a source of vaccine wastage is identified; and
  - iv. Ways the anti-wastage plan will be enforced within the local jurisdiction.
- c. Per the Vaccine Matters Order, MDH may reduce the COVID-19 vaccine allocation to any local health department that fails to develop and/or enforce an anti-wastage plan.